

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042603

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

353

Primary Registration District No.

6196

Registrar's No.

23

FILED NOV 13 1963

1. PLACE OF DEATH

a. COUNTY Texas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN LickingLength of stay in 1b
3 Daysc. CITY
OR
TOWN SalemInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Girard Rest HomeInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
616 E. FranklinReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Mary

Middle

Elizabeth

Last

Gibbs

4. DATE
OF
DEATH

Month

Day

Year

Nov 5, 1963

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
7/12/18679. AGE (last birthday)
96IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Dent County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

S. A. Hight

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

James M. Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harry Gibbs, Salem, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac + pulmonary arrest

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebro vascular accident

3 or 4 days

DUE TO (c)

Cerebro vascular renal disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Senility

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 3, 1963 to Nov 5, 1963 and last saw her alive on Nov 5, 1963
Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B. J. Myers DO.

22b. ADDRESS

Licking, Mo.

22c. DATE SIGNED

11-5-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

Nov. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Cedar Grove Cemetery

23d. LOCATION (City, town, or county)

Salem, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Spencer Funeral Home, Salem, Mo.

25. DATE RECD. BY LOCAL REG.

November 8, 1963

26. REGISTRAR'S SIGNATURE

Elnora E. Hesse

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stephen E. Allison

Licensed Embalmer No. 5181

P. O. Address

Salem, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.